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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/735,246
Filing Date	December 12, 2003
First Named Inventor	Lech Glinski
Art Unit	2186
Examiner Name	Unassigned
Attorney Docket Number	105479-58455 (644-031)

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR  I hereby appoint the practitioners associated w	rith the Customer Number:	26345			
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  26345					
OR					
Firm <i>or</i> Individual Name					
Address					
City	State	Zip			
Country					
Telephone	Email				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature / Bo					
Name Henry Hsu					
Date 1-19-07	Telephone				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total offorms are submitted.					

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (09-06)
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AFT	STATEMENT UN	DER 37 CFR 3.73(b)	
Applicant/Patent Owner: RIIP, I	nc.		
Application No./Patent No.: 10	/735,246 Filed/Is	sue Date: December 12, 2003	
Entitled: Method and Apparatus F	or Video Signal Skew Compensa	tion	
RIIP Inc. (Name of Assignee)	, a <u></u> , a <u></u> , (Typ	rporation e of Assignee, e.g., corporation, partnership	, university, government agency, etc.)
states that it is:  1.  the assignee of the entire	right, title, and interest; or		
2. an assignee of less than (The extent (by percentage)	the entire right, title and intere (e) of its ownership interest is	st %)	
in the patent application/patent	identified above by virtue of e	ther:	
in the United States Pater thereof is attached.	nventor(s) of the patent applic t and Trademark Office at Re	ation/patent identified above. The el 015399 , Frame 0175	assignment was recorded, or for which a copy
OR  B. A chain of title from the in	ventor(s), of the patent applic	ation/patent identified above, to the	e current assignee as follows:
1. From: The document was Reel,	s recorded in the United State Frame	Fo:s Patent and Trademark Office at, or for which a copy thereof is a	attached.
2. From:		Го:	
		s Patent and Trademark Office at , or for which a copy thereof is	
3. From:		Fo:s Patent and Trademark Office at	
The document was Reel	recorded in the United State . Frame	s Patent and Trademark Office at, or for which a copy thereof	is attached.
	in the chain of title are listed of		
_	3(b)(1)(i), the documentary e	vidence of the chain of title from th	e original owner to the
[NOTE: A separate copy (i. Division in accordance 302.08]	e., a true copy of the original with 37 CFR Part 3, to record	assignment document(s)) must be I the assignment in the records of	submitted to Assignment the USPTO. <u>See</u> MPEP
The undersigned (whose title is	supplied below) is authorized	to act on behalf of the assignee.	0 .7
- 16 G			1-19-07
Henr	Signature		Date
P	rinted or Typed Name	·····	Telephone Number
Presid	dent		
	Ťitle		

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